



1100 State Road, Ashtabula, Ohio 44004

Phone: (440) 997-6131 • Fax: (440) 992-2904

June 13, 2008

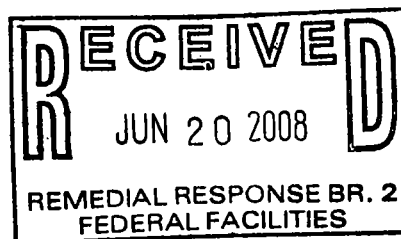
EPA Region 5 Records Ctr.



361475

Keith R. Buell
Detrex Corp.
1100 State Rd.
Ashtabula, Ohio 44004

Ms. Terese Van Donsel
U.S. EPA
Office of Superfund, Region 5
SR-6J
77 West Jackson Blvd.
Chicago, Il. 60604-3590



Dear Ms. Van Donsel,

Enclosed please find the e-DMR report for May 2008 for Detrex Corp. in Ashtabula, Ohio.

I certify that the information contained in or accompanying this submission is true, accurate and complete. This certification is based on my personal preparation, review, or analysis of the submission, and/or supervision of persons who, acting on my direct instructions, made the verification that the submitted information is true, accurate and complete.

Sincerely,

A handwritten signature in black ink, appearing to read 'Keith R. Buell'.

Keith R. Buell
Detrex Corp.
440-997-6131
kbuell@elcocorp.com

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY:
LOCATION:
COUNTY:
DISTRICT:

Detrex Corp Chemicals Div *
1100 State Rd
Ashtabula, 44004
Ashtabula
NEDO

PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

31F00017*MD
002
2008-05-01 To: 2008-05-31
Precision Analytical, Inc.
DR, WSS, RLG, STB, TR, DR

PARAMETER	Water Temperature	Flow Rate	pH, Maximum	pH, Minimum	Biochemical Oxygen Demand, 5 Day	Residue, Total Dissolved	Total Suspended Solids
PARAMETER CODE	00010	50050	61941	61942	00310	00515	00530
UNITS	4102	4108	6653	6653	4106	4106	4106
FREQUENCY	1/Day	1/Day	1/Day	1/Day	1/Week	1/Week	1/Week
SAMPLING TYPE	Maximum Indicating Thermometer	24hr Total	Continuous	Continuous	24hr Composite	24hr Composite	24hr Composite
2008-05-01	16	0.452	8.2	8.0			
2008-05-02	16	0.462	8.0	6.9	9.0	178	AA 6.0
2008-05-03	11	0.314	8.0	8.0			
2008-05-04	11	0.309	8.1	8.0			
2008-05-05	12	0.502	8.0	7.0			
2008-05-06	13	0.709	7.4	7.1			
2008-05-07	14	0.720	7.2	7.1			
2008-05-08	14	0.467	8.0	7.2			
2008-05-09	14	0.374	8.0	7.8	4.50	192	AA 6.0
2008-05-10	13	0.311	8.0	7.9			
2008-05-11	12	0.211	8.0	7.8			
2008-05-12	14	0.343	8.0	7.9			
2008-05-13	19	0.457	8.0	7.9			
2008-05-14	18	0.474	8.0	7.8			
2008-05-15	15	0.464	8.0	7.8			
2008-05-16	14	0.507	8.1	6.9	4.0	232	AA 6.0
2008-05-17	13	0.190	8.0	7.2			
2008-05-18	14	0.293	8.0	7.2			
2008-05-19	13	0.290	8.0	7.9			
2008-05-20	13	0.373	8.0	7.9			
2008-05-21	14	0.400	8.0	7.8			
2008-05-22	14	0.378	8.0	7.8			
2008-05-23	14	0.232	7.9	7.8	2.0	180	AA 6.0
2008-05-24	15	0.212	8.0	7.8			
2008-05-25	15	0.222	8.0	7.9			
2008-05-26	15	0.222	8.0	7.9			
2008-05-27	20	0.410	8.1	7.9			
2008-05-28	20	0.407	8.1	7.9			
2008-05-29	21	0.386	8.1	7.9			
2008-05-30	25	0.228	8.0	7.8	2.0	254	AA 6.0
2008-05-31	16	0.133	8.0	7.8			
Name/Title of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Date (MM/DD/YY)	
KEITH BULL/ENV.					Keith Bull	06/13/08	
When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,							

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

https://ebiz.epa.ohio.gov/edwr.web/page/report/viewWithXslt.do?actType=viewWithXslt&formType=DAI... 6/9/2008

2008-05-20							
2008-05-27							
2008-05-28							
2008-05-29							
2008-05-30	AA 1.2	AA 0.05	AA 1.0	186	AA 10.0	AA 10.0	AA 10.0
2008-05-31							
Name/Title of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative	Date (MM/DD/YY)	
KEITH BULL/ENV.					Keith Bull	06/13/08	
When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,							

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY:
LOCATION:

Detrex Corp Chemicals Div *
1100 State Rd

PERMIT NUMBER:
STATION CODE:

31F00017*MD
002

https://ebiz.epa.ohio.gov/edwr.web/page/report/viewWithXslt.do?actType=viewWithXslt&formType=DAI... 6/9/2008

COUNTY: Ashtabula, 44004
 DISTRICT: Ashtabula
 NEDO

MONITORING PERIOD : 2008-05-01 To: 2008-05-31
 REPORTING LAB: Precision Analytical, Inc.
 ANALYST: DR, WSS, RLG, STB, TR, DR
 NO DISCHARGE INDICATOR:

PARAMETER	Chlorine, Total Residual	Cyanide, Free	Mercury, Total (Low Level)				
PARAMETER CODE	50060	00719	50092				
UNITS	4106	4106	24258381				
FREQUENCY	1/Week	1/Month	1/Month				
SAMPLING TYPE	Grab	Grab	Grab				
2008-05-01							
2008-05-02	AA 0.01	AA 0.01	AA 0.5				
2008-05-03							
2008-05-04							
2008-05-05							
2008-05-06							
2008-05-07							
2008-05-08							
2008-05-09	AA 0.01						
2008-05-10							
2008-05-11							
2008-05-12							
2008-05-13							
2008-05-14							
2008-05-15							
2008-05-16	0.020						
2008-05-17							
2008-05-18							
2008-05-19							
2008-05-20							
2008-05-21							
2008-05-22							
2008-05-23	AA 0.01						
2008-05-24							
2008-05-25							
2008-05-26							
2008-05-27							
2008-05-28							
2008-05-29							
2008-05-30	AA 0.01						
2008-05-31							

Name/Title of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Date (MM/DD/YY)
		<i>Keith Bull</i>	06/13/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, , OH,

Page 3

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corp Chemicals Div *
 LOCATION: 1100 State Rd
 Ashtabula, 44004
 COUNTY: Ashtabula
 DISTRICT: NEDO

PERMIT NUMBER: 31F00017*MD
 STATION CODE: 588
 MONITORING PERIOD : 2008-05-01 To: 2008-05-31
 REPORTING LAB:
 ANALYST:

NO DISCHARGE INDICATOR: AL

PARAMETER	Sludge Solids, Percent Total	Sludge Volume, Gallons					
PARAMETER CODE	70318	80991					
UNITS	4112	24258389					
FREQUENCY	When Disch.	When Disch.					
SAMPLING TYPE	Grab	Total					
2008-05-01							
2008-05-02							
2008-05-03							
2008-05-04							
2008-05-05							
2008-05-06							
2008-05-07							
2008-05-08							
2008-05-09							
2008-05-10							
2008-05-11							
2008-05-12							
2008-05-13							
2008-05-14							
2008-05-15							
2008-05-16							
2008-05-17							
2008-05-18							
2008-05-19							
2008-05-20							
2008-05-21							
2008-05-22							
2008-05-23							
2008-05-24							
2008-05-25							
2008-05-26							
2008-05-27							
2008-05-28							
2008-05-29							
2008-05-30							
2008-05-31							

Name/Title of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Date (MM/DD/YY)
		<i>Keith Bell</i>	06/13/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,

Page 4

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corp Chemicals Div *
LOCATION: 1100 State Rd
 Ashtabula, 44004
COUNTY: Ashtabula
DISTRICT: NEDO

PERMIT NUMBER: 31F00017*MD
STATION CODE: 601
MONITORING PERIOD : 2008-05-01 To: 2008-05-31
REPORTING LAB: Precision Analytical, Inc.
ANALYST: WSS, BSS, DR, DC, ACS
NO DISCHARGE INDICATOR:

PARAMETER	CBOD 5 day	Flow Rate	Color, Severity	Odor, Severity	Turbidity, Severity	pH	Total Suspended Solids
PARAMETER CODE	80082	00056	00083	01330	01350	00400	00530
UNITS	4106	4109	4105	4105	4105	6653	4106
FREQUENCY	1/Month	1/Day	1/Day	1/Day	1/Day	1/Month	1/Month
SAMPLING TYPE	Grab	24hr Total Estimate	Estimate	Estimate	Estimate	Grab	Grab
2008-05-01		788	1	1	1		
2008-05-02	AA 2.0	571	1	1	1	7.27	AA 6.0
2008-05-03		43	1	1	1		
2008-05-04		AC	AC	AC	AC		
2008-05-05		621	1	1	1		
2008-05-06		835	1	1	1		
2008-05-07		697	1	1	1		
2008-05-08		761	1	1	1		
2008-05-09		597	1	1	1		
2008-05-10		AC	AC	AC	AC		
2008-05-11		42	1	1	1		
2008-05-12		524	1	1	1		
2008-05-13		452	1	1	1		
2008-05-14		969	1	1	1		
2008-05-15		745	1	1	1		
2008-05-16		963	1	1	1		
2008-05-17		44	1	1	1		
2008-05-18		AC	AC	AC	AC		
2008-05-19		451	1	1	1		
2008-05-20		1271	1	1	1		
2008-05-21		1196	1	1	1		
2008-05-22		583	1	1	1		
2008-05-23		947	1	1	1		
2008-05-24		AC	AC	AC	AC		
2008-05-25		AC	AC	AC	AC		
2008-05-26		AC	AC	AC	AC		
2008-05-27		776	1	1	1		
2008-05-28		823	1	1	1		
2008-05-29		888	1	1	1		
2008-05-30		572	1	1	1		
2008-05-31		155	1	1	1		

Name/Title of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Date (MM/DD/YY)
		<i>Keith Bull</i>	06/13/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,

Page 5

FACILITY: Detrex Corp Chemicals Div *
LOCATION: 1100 State Rd
 Ashtabula, 44004
COUNTY: Ashtabula
DISTRICT: NEDO

PERMIT NUMBER: 31F00017*MD
STATION CODE: 601
MONITORING PERIOD : 2008-05-01 To: 2008-05-31
REPORTING LAB: Precision Analytical, Inc.
ANALYST: WSS, BSS, DR, DC, ACS
NO DISCHARGE INDICATOR:

PARAMETER	Nitrogen, Ammonia (NH3)	Fecal Coliform	Chlorine, Total Residual				
PARAMETER CODE	00610	31616	50060				
UNITS	4106	6654	4106				
FREQUENCY	1/Month	1/Month	1/Month				
SAMPLING TYPE	Grab	Grab	Grab				
2008-05-01							
2008-05-02	0.112	AA 1.0					
2008-05-03							
2008-05-04							
2008-05-05							
2008-05-06							
2008-05-07							
2008-05-08							
2008-05-09							
2008-05-10							
2008-05-11							
2008-05-12							
2008-05-13							
2008-05-14							
2008-05-15							
2008-05-16			AA 0.01				
2008-05-17							
2008-05-18							
2008-05-19							
2008-05-20							
2008-05-21							
2008-05-22							
2008-05-23							
2008-05-24							
2008-05-25							
2008-05-26							
2008-05-27							
2008-05-28							
2008-05-29							
2008-05-30							
2008-05-31							

Name/Title of Responsible Official or Authorized Representative

KEITH BULL/ENV.

I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature of Responsible Official or Authorized Representative

Keith Bull

Date (MM/DD/YY)

06/13/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,

Page 6

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corp Chemicals Div *
LOCATION: 1100 State Rd
 Ashtabula, 44004

PERMIT NUMBER: 31F00017*MD
STATION CODE: 602
MONITORING PERIOD : 2008-05-01 To: 2008-05-31

COUNTY:
DISTRICT:

Ashtabula
NEDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Precision Analytical, Inc
AC

PARAMETER	pH	Flow Rate	Chloroform	Methylene Chloride	1,1-Dichloroethylene	1,1,1-Trichloroethane	1,1,2-Trichloroethane
PARAMETER CODE	00400	50050	32106	34423	34501	34506	34511
UNITS	6653	4108	4107	4107	4107	4107	4107
FREQUENCY	1/Day	1/Day	1/Month	1/Month	1/Month	1/Month	1/Month
SAMPLING TYPE	Grab	24hr Total	Grab	Grab	Grab	Grab	Grab
2008-05-01	AC	AC					
2008-05-02	7.0	0.063	AA 1.0	AA 5.0	AA 1.0	AA 1.0	AA 1.0
2008-05-03	AC	AC					
2008-05-04	AC	AC					
2008-05-05	6.8	0.079					
2008-05-06	7.0	0.242					
2008-05-07	7.0	0.261					
2008-05-08	7.1	0.031					
2008-05-09	AC	AC					
2008-05-10	AC	AC					
2008-05-11	AC	AC					
2008-05-12	AC	AC					
2008-05-13	AC	AC					
2008-05-14	AC	AC					
2008-05-15	AC	AC					
2008-05-16	7.1	0.181					
2008-05-17	7.3	0.047					
2008-05-18	7.3	0.153					
2008-05-19	AC	AC					
2008-05-20	AC	AC					
2008-05-21	AC	AC					
2008-05-22	AC	AC					
2008-05-23	AC	AC					
2008-05-24	AC	AC					
2008-05-25	AC	AC					
2008-05-26	AC	AC					
2008-05-27	AC	AC					
2008-05-28	AC	AC					
2008-05-29	AC	AC					
2008-05-30	AC	AC					
2008-05-31	AC	AC					

Name/Title of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Date (MM/DD/YY)
		<i>Keith Beall</i>	06/13/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, , OH,

Page 7

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corp Chemicals Div *
LOCATION: 1100 State Rd
 Ashtabula, 44004
COUNTY: Ashtabula
DISTRICT: NEDO

PERMIT NUMBER: 31F00017*MD
STATION CODE: 602
MONITORING PERIOD : 2008-05-01 To: 2008-05-31
REPORTING LAB: Precision Analytical, Inc
ANALYST: AC
NO DISCHARGE INDICATOR:

PARAMETER	1,1,2,2-Tetrachloroethane	1,3-Dichlorobenzene	Trichloroethylene				
PARAMETER CODE	34516	34566	39180				
UNITS	4107	4107	4107				
FREQUENCY	1/Month	1/Month	1/Month				
SAMPLING TYPE	Grab	Grab	Grab				
2008-05-01							
2008-05-02	AA 1.0	AA 1.0	AA 1.0				
2008-05-03							
2008-05-04							
2008-05-05							
2008-05-06							
2008-05-07							
2008-05-08							
2008-05-09							
2008-05-10							
2008-05-11							
2008-05-12							
2008-05-13							
2008-05-14							
2008-05-15							
2008-05-16							
2008-05-17							
2008-05-18							
2008-05-19							
2008-05-20							
2008-05-21							
2008-05-22							
2008-05-23							
2008-05-24							
2008-05-25							
2008-05-26							
2008-05-27							
2008-05-28							
2008-05-29							
2008-05-30							
2008-05-31							

Name/Title of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Date (MM/DD/YY)
KEITH BUELL/ENV.		Keith Buell	06/13/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,

Page 8

FACILITY: Detrex Corp Chemicals Div *
LOCATION: 1100 State Rd
 Ashtabula, 44004
COUNTY: Ashtabula
DISTRICT: NEDO

PERMIT NUMBER: 31F00017*MD
STATION CODE: 800
MONITORING PERIOD : 2008-05-01 To: 2008-05-31
REPORTING LAB: Precision Analytical, Inc.
ANALYST: WSS, TR, BSS, STB
NO DISCHARGE INDICATOR:

PARAMETER	Flow Rate	Total Suspended Solids	Oil and Grease, Total	Mercury, Total (Low Level)			
PARAMETER CODE	50050	00530	00550	50092			
UNITS	4108	4106	4106	24258381			
FREQUENCY	1/Day	1/Week	1/Week	1/Month			
SAMPLING TYPE	Continuous	24hr Composite	Grab	Grab			
2008-05-01	0.455						
2008-05-02	0.432	AA 6.0	AA 1.2	AA 0.5			
2008-05-03	0.292						
2008-05-04	0.286						
2008-05-05	0.471						
2008-05-06	0.602						
2008-05-07	0.597						
2008-05-08	0.471						
2008-05-09	0.360	AA 6.0	AA 1.2				
2008-05-10	0.285						
2008-05-11	0.174						
2008-05-12	0.331						
2008-05-13	0.462						
2008-05-14	0.487						
2008-05-15	0.472						
2008-05-16	0.379	AA 6.0	AA 1.2				
2008-05-17	0.097						
2008-05-18	0.096						
2008-05-19	0.267						
2008-05-20	0.359						
2008-05-21	0.387						
2008-05-22	0.360						
2008-05-23	0.190	AA 6.0	AA 1.2				
2008-05-24	0.162						
2008-05-25	0.171						
2008-05-26	0.169						
2008-05-27	0.403						
2008-05-28	0.400						
2008-05-29	0.375						
2008-05-30	0.183	AA 6.0	AA 1.2				
2008-05-31	0.096						

Name/Title of Responsible Official or Authorized Representative <i>KEITH BUSH/ENV.</i>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Date (MM/DD/YY)
		<i>Keith Bush</i>	06/13/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,

Page 9

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corp Chemicals Div *
LOCATION: 1100 State Rd
Ashtabula, 44004

PERMIT NUMBER: 31F00017*MD
MONITORING PERIOD : 2008-05-01 To: 2008-05-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
--------------	----------------	----------------	------	------	---------